

Docket No. 1769/41426-FA-PCT-US/JPW/BJATHE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ron S. Israeli et al.

Serial No. : 10/751,346 Examiner: Lei Yao

Filed : January 2, 2004 Group Art Unit: 1647

For : Prostate-Specific Membrane Antigen and Uses Thereof

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: May 9, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend-ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	9 -	* 38 =	*** 0 X	\$25	\$50	=	0	
Indepen-dent Claims	1 -	** 4 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

- ☒ One additional copy of this Amendment Transmittal Letter
- ☒ Return Receipt Postcard
- ☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$ 180.00 included)
- ☒ A Petition for an Extension of Time, including a fee of
\$ 510.00 for a Petition for 3 Month(s) Extension of Time
- Other (identify): _____

THE TOTAL FEE DUE IS \$ 690.00.

- ☒ A check in the amount of \$ 690.00 is enclosed.
- _____ Please charge Deposit Account No. _____ in the amount of
\$ _____.

- ☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

- ☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
_____ Patent application processing fees under 37 C.F.R. \$1.17

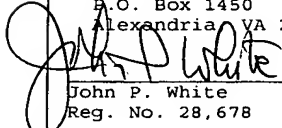
Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.



John P. White
Reg. No. 28,678

5/9/06
Date